



☐ Duplicate

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	10/601,701
	Filing Date*	June 24, 2003
	First Named Inventor	YEH
	Group Art Unit	2812
	Examiner Name	S. Isaac
	Attorney Docket No.	3230-56

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

**1. Please consider the following as the required submission under 37 C.F.R. §1.114:**

- ☒ a. The Amendment/Reply filed on October 24, 2005:
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:
- ☒ 2. A **THIRD ONE-** month Petition for Extension of Time is filed herewith (a Two-Month Extension of Time having been previously filed and paid for on October 24, 2005.).
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ 4. Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$680.00 to cover the Small Entity Filing Fee (\$395) and the Small Entity Extension Fee (\$285). A duplicate of this form is enclosed herewith.
- ☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$790.00	
Total Claims:	7	-	20	(highest number previously paid for) =	0.00	X \$18 =	0	
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X \$86 =	0	
Correspondence Address: <b>TROXELL LAW OFFICE PLLC</b> 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041						Multiple Dependent Claim (add \$280.00):	0	
						Subtotal:		\$790.00
						50% Reduction if Small Entity Status:		\$395.00
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$395.00	
Date:		Name:		Signature:		Reg. No.		
November 25, 2005		Bruce H. Troxell				26,592		

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